

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

2000 — 1 1

2. STATE:

MS

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

December 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.272

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 0
b. FFY 2002 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 4.19-b Pages 133 and 143

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Att. 4.19-b Pages 133 and 143

10. SUBJECT OF AMENDMENT: This State Plan Amendment will allow Medicaid to adjust the rate paid to state owned nursing facilities and intermediate care facilities for the mentally retarded (ICF/MR's) during the rate year upon requests from the facilities due to changes in their costs. Currently, the cost report must be filed before the rate is adjusted.

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Mica Lewis-Payton

13. TYPED NAME:

Mica Lewis-Payton

14. TITLE:

Executive Director

15. DATE SUBMITTED:

December 28, 2000

16. RETURN TO:

Mica Lewis-Payton, Executive Director
Division of Medicaid
Attn: Rose Campers
739 North Lamar Street, Suite 601
Jackson, MS 39201-1399**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

December 29, 2000

18. DATE APPROVED:

March 13, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

December 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Eugene A. Grasser

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

X 80%) to equal a minimum of eighty percent (80%) occupancy. Reserved bed days will be counted as an occupied bed for this computation.

Facilities having an occupancy rate of less than eighty percent (80%) should complete Form 14 when submitting their cost report.

3-6 State Owned NF's

NF's that are owned by the State of Mississippi will be included in the rate setting process described above in order to calculate a prospective rate for each facility. However, state owned facilities will be paid based on 100% of allowable costs, subject to the Medicare upper limit. A state owned NF may request that the per diem rate be adjusted during the year based on changes in their costs. After the state owned NF's file their cost report, the per diem rate for each cost report period will be adjusted to the actual allowable cost for that period, subject to the Medicare upper limit.

3-7 Adjustments to the Rate for Changes in Law or Regulation

Adjustments will be made to the rate as necessary to comply with changes in state or federal law or regulation.

TN NO	<u>2000-11</u>	DATE RECEIVED	<u>DEC 29 2000</u>
	SUPERSEDES	DATE APPROVED	<u>MAR 15 2001</u>
TN NO	<u>99-02</u>	DATE EFFECTIVE	<u>DEC 01 2000</u>

administrative and operating costs, the per diem property payment, the per diem hold harmless payment, and the per diem return on equity payment.

E. State Owned ICF-MR's

ICF-MR's that are owned by the State of Mississippi will be included in the rate setting process described above in order to calculate a prospective rate for each facility. However, state owned facilities will be paid based on 100% of allowable costs. A state owned ICF-MR may request that the per diem rate be adjusted during the year based on changes in their costs. After the state owned ICF-MR's file their cost report, the per diem rate for each cost report period will be adjusted to the actual allowable cost for that period.

F. Adjustments to the Rate for Changes in Law or Regulation

Adjustments will be made to the rate as necessary to comply with changes in state or federal law or regulation.

TN NO	<u>2000-11</u>
	<u>SUPERSEDES</u>
TN NO	<u>93-08</u>

DATE RECEIVED	<u>DEC 29 2000</u>
DATE APPROVED	<u>MAR 15 2001</u>
DATE EFFECTIVE	<u>DEC 01 2000</u>